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Madigan Change of Command Ceremony Upcoming

Sharon Ayala, MAMC PAO

Fort Lewis - BG Mack Hill, will relinquish command of Madigan Army Medical Center during a Change of Command ceremony scheduled for July 14, 10 a.m., at the Fort Lewis Watkins Field.

Hill will retire after serving 32 years of active duty service. He has accepted a position with McAdams Technology, Inc. in Tampa, Florida.

COL Tony Carter, who is currently the Deputy Commander for Clinical Services at Madigan, will serve as the Acting Commander until Hill's replacement

arrives this fall.

Carter, a general surgeon, was born in Seoul, Korea. He attended the University of Missouri at Kansas City, and received a Doctor of Medicine from the University of Kansas School of Medicine. He entered the Army as a civilian sponsored general surgery resident in 1981, and upon completion of his residency in 1983, attended the Army Medical Department's Officer Basic Course at Fort Sam Houston in San Antonio, Texas. Carter is married to LTC Margaret Carter.



BG Kenneth Farmer, will officially assume command of Madigan in November. Farmer is currently the Commander of the 44th Medical Brigade at Fort Bragg in North Carolina. He was born and raised in Leeds, AL.,

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MAMC Nursing Researchers Among Top Twenty Nationally

LTC Wynona Bice-Stephens

LTC Laura R. Brosch, chief, Surgical Nursing Section, and Mary S. McCarthy, retired Army Nurse and research nurse employed at Madigan Army Medi-

cal Center from the Geneva Foundation, were selected for the American Association of Critical-Care Nurses (AACN) Nursing Fellows Reporter Program

in Critical Care for the Year 2000. They represented one of only twenty teams selected nationally for the prestigious award.

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Worth a Look!!!

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Madigan Change of Command Ceremony Cont'd

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and earned his Bachelor of Science degree from Auburn University and his medical degree from the University of Alabama in Birmingham. Farmer received his medical specialty training in family practice at Eisenhower Army

Medical Center, Fort Gordon, GA., and Madigan Army Medical Center, Tacoma, Wash. He is certified by the American Board of Family Practice, and is a Fellow in the American Academy of Family Physicians. An Army flight surgeon, he is also a graduate of the

Command and General Staff College and the Army War College.

A welcome reception for COL and Mrs. Carter will immediately follow the Change of Command ceremony on the Parade Field.

MAMC Nursing Researchers Among Top Twenty Nationally Cont'd

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The fellowship is a nine-month mentor/fellow program sponsored by Wyeth-Ayerst Laboratories with the AACN and the American Journal of Nursing (AJN)/Lippincott Williams and Wilkins. The goal of the program is to provide an exceptional opportunity

for professional leadership development with a clinical focus. The clinical area chosen by McCarthy and Brosch was Acute Respiratory Distress Syndrome (ARDS), a disease that affects about 250,000 patients per year in the United States.

Their collaboration culminated

in an article "Improving Outcomes in Patients." With ARDS: Evidence-based Nursing Interventions" which was published in an American Journal of Nursing Supplement in May 2000. Both were recognized at the 2000 National Teaching Institute and Critical Care Exposition in Orlando, FL.

Army Research; Poster 2000 Honors to Beaudoin

LTC Wynona Bice-Stephens

COL Dennis R. Beaudoin, chief, Oncology and Investigational Pharmacy at Madigan Army Medical Center, was selected to receive the year 2000 Army Pharmacy Research Award and the Best Clinical Poster Award.

The awards were presented at the Combined Forces Pharmacy Symposium held in Biloxi, Miss. from April 16 to 21.

Beaudoin was cited for his outstanding work in the areas of oncology and investigational phar-

macy. He was recognized for his continual mentoring and facilitation of research by residents and certified registered nurse anesthetist students at Madigan, where he serves on the Department of Clinical Investigations and is frequently consulted as an expert in research protocols.

Beaudoin was the Principal Investigator on a study to determine the effectiveness of Glutamine in the Treatment of Paclitaxel Induced Myalgia, Arthralgia, and

Neuropathy. He presented the Best Clinical Poster titled "Pharmacoeconomic Impact of a Pharmacist Managed Treatment Algorithm With Weekly Epoetin Alfa for Chemotherapy Induced Anemia."

Beaudoin was born in Lowell, Mass. He and his wife, Lee, have two children, Ethan and Liane.



Family Practice Acute Care Team to Improve Pt Access; Stem AMIC Visits

Sharon D. Ayala, MAMC PAO

The Madigan Army Medical Center Family Practice Department developed a new health care team in its clinic last month to meet the growing needs of its patients.

The Acute Care Team, which is comprised of a minimum of three health care providers, one registered nurse and two licensed practical nurses, officially began seeing patients May 17.

The primary mission of the acute care team is to provide same day appointments to patients with acute problems, such as earaches, bad coughs, flu symptoms, etc.

Prior to the establishment of the new team, patients who had medical problems that required immediate attention were seen by other teams within the family practice clinic, while some 20 percent went to the Emergency Room's Acute Minor Illness Clinic.

According to Ron Riehs, health systems specialist for Family Practice, there were just not enough appointments available to meet the

needs of patients who required routine and acute appointments.

"The routine appointments were in competition with the acute care appointments," explained Riehs. "As a result, access became an issue."

According to the Chief of the Family Practice Clinic, LTC James Terrio, "It soon became very difficult for the patients who had routine appointments to get in to see their primary care provider or someone from their primary care team."

Gary Brosier is the chief of the Acute Care Team. He said that another nice touch to the clinic is the addition of the telephone triage center. "This service is available for patients who aren't sure if they need to be seen by a health care provider. It provides them the option of calling and speaking to a registered nurse who can answer general health care questions to determine if they should come in right

away or if it's something that can wait for a routine appointment."

With the advent of the acute care team, when a patient calls for a same-day appointment, they are given an appointment with someone from the acute care team, or referred to the triage center. This opens up many needed routine and follow-up appointments in the Family Practice Clinic.

More than 800 patients had been seen by the acute care team just two weeks after it opened. It is anticipated that approximately 80 patients per day will be seen in the clinic. "There has definitely been a significant improvement in access for our patients since the establishment of the acute care team," said COL Thomas Michels, chief, Department of Family Practice. "Continuity of health care will also be improved. That means our patients are now more likely to be seen by their primary care providers for routine appointments."

92nd Medical Group Improves Access with Change in Hours

Responding to customer feedback to increase appointment access, and increase availability of day-time appointments, the 92nd Medical Group will change its hours of operation beginning this month.

A change in weekend and evening hours will add 40 new appointments weekly in the Family Health Center, which includes pediatrics, family practice, and internal medicine. Patients may now request evening appointments Monday through Friday and coordinate them through their Primary Care Manager (PCM). On weekends, appointment lengths have been shortened and available appointment times have been scaled back to the morning hours,

but the same number of appointments will be available as were previously.

This change will allow the weekend provider to see patients an additional day each week, increasing the number of available weekday appointments.

The new hours of operation are: Monday - Friday 7:30 a.m. - 4:30 p.m.; Weekends 8 a.m. - noon. After hours appointments will be available upon request.

Patients may call for an appointment 24-hours a day, 7 days a week at 247-2361. The new phone system allows for appointing for non-emergency care with PCMs.



Hands-On Training A Plus For The Navy And Harborview

JO2 Michael Howlett

The emergency room can be chaotic to someone observing, but to the highly trained staff it is a dance...a dance for the life of their patient. No time to stop, no time to give up. It's intense, and it is stressful.

Most of the staff assigned to the Emergency Dept. at Naval Hospital Bremerton are also assigned to Fleet Hospital Five, the Navy's deployable hospital that is currently ready to deploy anywhere in the world. Should FH5 deploy to an area of conflict, Navy medical team-members will be handling serious trauma patients straight from the front lines.

How do you prepare these servicemembers for their jobs in the field? That is the question being answered by Cmdrs. Dennis Jepsen and Karen McNamara of Naval Hospital Bremerton. Jepsen heads up the Emergency Department at the hospital, and McNamara is in charge of Staff Education and Training. The two combined their efforts with Christine Schulman, the Clinical Nurse Specialist for Trauma and Surgery at Harborview Medical Center in Seattle, the largest major trauma center in the Northwest to develop a plan that would be mutually beneficial to both facilities.

The three have spent the past year forming a unique cooperation between a civilian and military medical facility. The exchange allows military members to come to Harborview for a training rotation.

"We have an extensive out-

reach educational program. We host people from all over the region to do training, however, they are usually here to observe. Since [the military members] are practicing instead of observing, we benefit by getting an extra set of hands to help out," said Schulman.

There are some specifics that had to be addressed before the Navy staff could begin their rotations. Since the servicemembers go to Harborview to work rather than observe, the first issue was licensing. "We were worried about the licensing, but it turned out that since the Navy license is a federal one, it fit right in to our state guidelines," said Schulman.

"Our goal is to give our people a chance to experience a steady flow of trauma patients first-hand," said Jepsen. "It gives us the chance to train and enhance our skills that we wouldn't have the opportunity for here at the [Naval] hospital."

The cooperation between the two hospitals has laid a firm foundation for this fledgling program. "I talk with Chris[tine] all the time. We just changed a few of the procedures based on our nurse's sug-

gestions. Instead of taking months to sort out, we discussed it one day, and put the changes into practice the next day. It's in-

credible how well we're working together," said McNamara. The Naval Hospital has, in fact, made the offer to Harborview staff to train in Bremerton.

The Navy staff will work in different areas of Harborview, based on their specialties. In the future, servicemembers will do rotations in the Operating Room, Intensive Care Unit, and the

hospital wards.

This unique program combines civilian and military training techniques, while enhancing the effectiveness of training for Navy servicemembers. It helps to avoid cost by localizing advanced training, rather than sending servicemembers cross-country for schools. The program also strengthens military ties with the local community by working together at the civilian hospitals and could lay the groundwork for similar programs throughout the country. For these reasons, it is currently being examined by the Navy's Bureau of Medicine and Surgery, the headquarters for Navy medicine.



Lt. Janet Cuffley performs CPR on a patient at Harborview Medical Center during her trauma rotation in the emergency room.